This Page Is Inserted by IFW Operations and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

As rescanning documents will not correct images, please do not report the images to the Image Problem Mailbox.

PRELIMINARY AMENDMENT U.S. Appln. No. 10/660,704

AMENDMENTS TO THE SPECIFICATION:

The specification is being amended as follows: Page 7, lines 6-8,

Figures 6A-6C shows secondary images formed on the nasal retina of a patient by light bundles at angles of 65° (top panelFigure 6A), 85° (middle panelFigure 6B) and 92° (lower panelFigure 6C) incidence at the temporal limbus. In all diagrams, the anterior eye is to the right.

Page 13, lines 4-12,

An illustration of this new explanation for pseudophakic dysphotopsia in the pseudophakic eye shown in Fig. Figures 6A-6C. Secondary images formed on the nasal retina by light bundles at angles of 65° (top panelFigure 6A), 85° (middle panelFigure 6B) and 92° (lower panelFigure 6C) incidence at the temporal limbus In all diagrams, the anterior eye is to the right. This 47 year old male had a right cataract surgery and was implanted with a square edged intraocular lens. The patient reported arcs of light in his temporal visual field, the arcs extending up to 180° and blurred vision. These symptoms were particularly noted at night. Using a peripherally placed penlight to focus light on to the nasal aspect of intraocular lens (Fig. 5) could precisely reproduce his symptoms.